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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2009 Open to Publica

	THE TICVENE		The organization may have to use a copy of this fetall to satisfy state reporting re	quirein	51113	mspecuon :
<u>A</u> _			ear, or tax year beginning , and ending	_		
8	Check if applic	Please use IRS	C Name of organization Peace Action Fund of New York	Þ	Empl	oyer identification number
	Address chan	ge label or	State, Inc.			
	Name change		Doing Business As		<u>01-</u>	<u>-0885806</u>
\equiv	·	type.	Number and street (or P O box if mail is not delivered to street address) Room/suite	ĮΕ	Telepi	none number
닏	Initial return	See	PO Box 600, JAF Station	1	646	5-732-1749
	Termination	Specific Instruc-	City or town, state or country, and ZIP + 4	GG	aross rece	eipts\$ 104,054
	Amended retu	1 .	New York NY 10116			
\exists	Application pe	F Name	and address of principal officer	H(a	a) Is this	a group return for
Ш	Аррисации ре	ending		',-	affiliat	्रा जिल्हा
				H(b		l affiliates 🗂 🗂
				i		attach a list (see instructions)
$\overline{}$	Tax-exemp	t status X	501(c) (3) ◄ (insert no) 4947(a)(1) or 527	_	11 140,	attach a not (acc mondenous)
	Website:		panys.org	.,,	.) Cenue	anamatan membar N
<u>-</u>		nization X Coi] 11(0	/ Group	exemption number
2	Pantil	Summa			1	M State of legal domicile
<u> </u>	T		he organization's mission or most significant activities			
>		See Sche	-			
5 8	١ ٢	see sche	aute o			
ar'	1					
4 <u>5</u>	<u> </u>		— ·			
2 6	2 Che		If the organization discontinued its operations or disposed of more than 25% of its net	assets		•
ا هج	3 Nur		members of the governing body (Part VI, line 1a)		3	8
<u>§</u> .∠	4 Nur		endent voting members of the governing body (Part VI, line 1b)		4	8
Ϊį	5 Tot		employees (Part V, line 2a)		5	3
AC	6 Tot		volunteers (estimate if necessary)		6	300
	7a Tota	al gross unre	ated business revenue from Part VIII, column (C), line 12		7a	-
ξ	b Net	t unrelated bu	siness taxable income from Form 990-T, line 34		7b	0
ก				Year	- 70	Current Year
ne	8 Cor		•	23,0		95,580
Revenue Activities & Governance	9 Pro	_	revenue (Part VIII, line 2g)	4,	884	5,836 229
Re	10 Inve		ne (Part VIII, column (A), lines 3, 4, and 7d)		782	
	1		Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			-2,061 00 584
	т —			29,	<u>/ 3 3 </u>	99,584
	ì		ar amounts paid (Part IX, column (A), lines 1–3)			3,658
	1	-	or for members (Part IX, column (A), line 4)	<u> </u>	<u> </u>	50 036
nses	1		ompensation, employee benefits (Part IX, column (A), lines 5–10)	55,4	<u>* U 0 </u>	50,936
ë			draising fees (Part IX, column (A), line 11e)	7) /15/75 +0	MARKET NEW ACCUSANCE OF THE	
Expe	D 100	-		30,		31 265
_	1	-	Part IX, column (A), Imes 13a-11d (135-24f) Add lines 13–17 (must equal Part IX, column (A), line 25)	85,5		31,265 85,859
	1				196	13,725
<u> </u>	i ia ven	venue less ex				End of Year
ets (20 Tota	al assets (Pa	101 1101 191	54,7	_	79,324
Ass	21 Tota		art X, line 26)		69	14,798
Net Assets or Fund Balances	22 Net		d balances Subtract line 27 from line 20	50,8		64,526
	art II	Signatu				
			ies of perjury, I declare that I have examined this return, including accompanying schedules and statement	s, and to	the be	st of my knowledge
			is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of while			
Sig	an n	$\mathbf{k} X$	Souall Side.	1	-11	10/10
He		Signatu	re of officer		Date	
		1	PLIAND SHAFFER, Thousever			
		Type or	print name and title			
		<u> </u>		ck if		Preparer's identifying number
Pa	id	Preparer's signature	self-		. [X]	(see instructions) P00363667
Pre	eparer's		Bonamassa, Maietta & Cartelli, LLP	oloyed P		11-3554103
	e Only	Firm's name	COO1 F- 5+h A	1	Zhana	11-3334103
	-	if self-emplo address, and		1	Phone	718-921-7000
N4-	the IPS o	<u></u>	turn with the preparer shown above? (see instructions)		10	X Yes No
ivid)	y tite tite し	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	turn martine proparer shown above. (see mandellons)			127 162 NO

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. DAA

917-18

Form 990 (2009) Peace Action Fund of New York -:

01-0885806

Page 2

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	ļ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			l
	candidates for public office? If "Yes," complete Schedule C, Part I	3	 	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			l
_	Schedule C, Part II	4	 	LX.
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)		1	
_	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		├
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
7	complete Schedule D, Part I	6	 	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	1 _		- T
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	 	X
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	١.		x
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	8	-	
•	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	-	 	<u> </u>
	quasi-endowments? if "Yes," complete Schedule D, Part V	10	ŀ	х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	-"	 	**
	VII, VIII, IX, or X as applicable	111	x	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	1988	1	4.4.E
	Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			12
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets	19.0		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		4	
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			1
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		-1	
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	22.5	15 1	72.50
	Schedule D, Parts XI, XII, and XIII	12	006725	X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			1.07
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X	- 322	238CY	T.
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	14a		
•	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	145		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	14b		-
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	<u> </u>		
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	<u> </u>		
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

	1 990 (2009) Feace Action Fund of New Fork 01-0885806			age 4
_Pa	art IVA Checklist of Required Schedules (continued)		T .	
	Did the every the great was the first one of the first one of the same of the		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			.
22	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	20	1	х
22	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		^
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		l	
	organization's current and former officers, directors, trustees, key employees, and highest compensated			х
24-	employees? If "Yes," complete Schedule J	23		^
24a	0, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	245		x
_	24b through 24d and complete Schedule K If "No," go to line 25	24a		_^
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		ļ
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	1040		İ
	to defease any tax-exempt bonds?	24c	├-	-
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	05-		х
_	with a disqualified person during the year? If "Yes," complete Schedule L, Part !	25a	\vdash	^
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	054		x
20	990-EZ? If "Yes," complete Schedule L, Part I	25b	<u> </u>	^
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			х
27	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	1 22		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27	-31/3	
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions).			1
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	20a	 	
U	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	200		- 41
·	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
00	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	50		
٠.	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	"		
-	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	- 33		
•	III, IV, and V, line 1	34	х	
35	is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	-0-		
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	- 55	-	
-	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	"		
	192 Note. All Form 990 filers are required to complete Schedule O	38	∣ 🗴	

If "Yes," enter the amount of tax-exempt interest received or accrued during the year

		385806		- 1	Page
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance				
4.				Yes	No
ıa	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			7.7	
	U.S. Information Returns. Enter -0- if not applicable	1a I	/·	M.	谜
b C	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors an		——————————————————————————————————————		37.5
·	gaming (gambling) winnings to prize winners?	id reportable	19.	X	
29	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1	1c	1	Q'iva
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 3		3	1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax		2b	X	. 1
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return		<u>20</u>	7-7	7.7
	instructions)	(500	1.53		N.S.
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year co	overed by			
	this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or of	ther authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other				
	account)?		4a		X
b	If "Yes," enter the name of the foreign country		145	130	7 5
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Fore	eign Bank			
	and Financial Accounts			2 1.3x	ES.
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year		5a_		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tra-		5b	<u> </u>	X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	Regarding			
•	Prohibited Tax Shelter Transaction?		_5c		—
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and d	did the			
h	organization solicit any contributions that were not tax deductible?	L. 4	6a	├	X
D	If "Yes," did the organization include with every solicitation an express statement that such contril gifts were not tax deductible?	butions or	۸.		
7	Organizations that may receive deductible contributions under section 170(c).			(M.2).7	₩. ** ***
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly	for goods		際	人
	and services provided to the payor?	ior goods	7a	145.5	200
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	\vdash	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	ıt was			
	required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		137	1. 3
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on	n a personal	نگرند		1
	benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit or		7 f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as requir		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 10	98-C as			
_	required?		7h	22.	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	-	1	15 75	1
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsor	ring	الشعب		أعضما
^	organization, have excess business holdings at any time during the year?		8		+
9	Sponsoring organizations maintaining donor advised funds.		7,		
a b	Did the organization make any taxable distributions under section 4966?		9a		
0	Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter		9b	, , 5,	
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		38 % & 36 *	j (*) *, ~
1	Section 501(c)(12) organizations. Enter	[100]	'		
a	Gross income from members or shareholders	11a	1.7		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			7°77°	***
	amounts due or received from them)	116	[.]	^	,
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in liquid for	orm 10412	10-		

Form 990 (2009) Peace Action Fund of New York 01-0885806

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body	1a	8			
b	Enter the number of voting members that are independent	1b	8	2,1		6 . M
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			، الآمارو الأ		
	any other officer, director, trustee, or key employee?			2	L_	<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors or trustees, or key employees to a management company or other person?			3		<u> </u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was	filed?		4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?			5		X
6	Does the organization have members or stockholders?			6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members					
	of the governing body?			7a	L	_X_
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			7b	<u> </u>	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				10.	
	the year by the following.			تنتن		10.00
а	The governing body?			8a	X	
þ	Each committee with authority to act on behalf of the governing body?			8b	X	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached				ŀ	
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9_		<u> </u>
	tion B. Policies (This Section B requests information about policies not required by the I	nterna	ıl .			
Rev	venue Code.)				T	
					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a		<u> </u>
þ	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			1		
	affiliates, and branches to ensure their operations are consistent with those of the organization?			10b	├	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the				₊	
44-	form?			11	X	**************************************
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990				X	*\$\$\$: N
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			405	x	
•	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			12b	 ^ 	
С	describe in Schedule O how this is done			120	x	
13	Does the organization have a written whistleblower policy?			13	X	
14	Does the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			34.5		77 / E
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				7.4	
а	The organization's CEO, Executive Director, or top management official			15a	X	لشتث
b	Other officers or key employees of the organization			15b	X	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			talk .	2 3V41	A-12(1)
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				3.	
	with a taxable entity during the year?			16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate					
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			1 %;	(8)	*. [1]
	the organization's exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ NY					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	only)				
	available for public inspection. Indicate how you make these available. Check all that apply					
	Own website Another's website Upon request	X.				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inte	erest				
	policy, and financial statements available to the public					
20	State the name, physical address, and telephone number of the person who possesses the books and records of	the				
	organization > Organization					

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees; officers, key employees; highest compensated employees, and former such persons

X Check this box if the organizat	(B)				C)		2.,	(D)	(E)	(F)
Name and Title	Average hours per week			chec	k all	that a	ipply)	1-7	Reportable compensation from related	Estimated amount of other
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
Diane Swords	0.50	Ţ,								
Board Member	0.50	X	-	 	 	├	-	0	0	
David Jones Board Member	0.50	X				İ	1	o	o	(
Joanne Robinson	0.30	^		┢	-	-	┝		<u> </u>	
Board Member	0.50	x			İ			О	o	(
Robert Siegel	0.30	A	-	\vdash	┢╌	-	\vdash			
Board Member	0.50	X.			l		1	o	ol	(
John Collins	- 0.30	 "			-					
Board Member	0.50	X						0	ol	(
Mary Giegengack	Jureller									
Board Member	0.50	X					,	o	o	(
Donald Shaffer										
Treasurer	2.00			X				0	0	
Carol Price Hus	sten					ĺ		:		
Chair	2.00		_	X	<u> </u>			0	0	
										
	-									
					-					
	<u> </u>				-					
	 									
	 						Н			

Part	VIII Section A. Officers	, Directors, Trus	stees	s, Ke	y Er	nplo	yees	s, an	d Highest Compensated	Employees (continued)	
	(A)	(B)				C)			(D)	(E)	(F)
	Name and Title •	Average hours per week			chec Officer		that a		compensation from	Reportable compensation from related	Estimated amount of other
	•		recto	i i	ĕ	emp	nest o	ner	the organization	organizations (W-2/1099-MISC)	compensation from the
			Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee		(W-2/1099-MISC)		organization and related
			stee	uste		l °	ensa				organizations
				. "			ē				
			 								
			<u> </u>	-	-	-	-			1	
					-		_	-			
			├	_		\vdash	-				
	· · · · · · · · · · · · · · · · · · ·		_	<u> </u>							
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	·	·	<u> </u>								
	otal .			. .				<u> </u>		<u> </u>	
	otal number of individuals (in eportable compensation from				tnos	e IIS	ted a	ibov	e) who received more than	\$100,000 in	
3 D	id the organization list any fo	armer officer dir	ectoi	or t	ruete	e k	AV AI	mnio	ovee or highest compenses	ted	Yes No
е	mployee on line 1a? If "Yes,"	complete Schee	dule :	J for	suc	h inc	lividu	al			3 X
	or any individual listed on line le organization and related o										
ın	dividual	•							•		4 X
	id any person listed on line 1 ervices rendered to the orgar									r	5 X
	n B. Independent Contracto					J. 100	<u> </u>		oddii porodii		
1 C	omplete this table for your five	ve highest compo zation.	ensa	ted i	nder	pend	ent d	ontr	actors that received more	than \$100,000 of	
	Name and	(A) business address							Descrip	(B) tion of services	(C) Compensation
										· · · · · · · · · · · · · · · · · · ·	
	 										
_				_							
							_				
	otal number of independent of fore than \$100,000 in compe						ed to	thos	se listed above) who receiv	red	40
DAA											Form 990 (2009)

art V	0 (2009) Peace Action /// Statement of Reve		TO OT HEM	1(<u> </u>	01-0885806	,	Page
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
b c d	Federated campaigns Membership dues Fundraising events Related organizations	1a 1b 1c 1d	14,458	8				0.2,0.0,0.01
f	Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a	1e 1f \$	81,122	2				
h	Total. Add lines 1a-1f		•	<u> </u>	95,580			* *
2a b	, ,		Busn. Code		5,836			5,8
d e f	All other program service reve	nue						
9	Total. Add lines 2a-2f			-	5,836	~ ×* 1	1.2	, , , , , , , , , , , , , , , , , , ,
4	Investment income (including other similar amounts) Income from investment of tax		>		229	229		
5	Royalties (i) Real		(II) Personal	+-	,			
6a b	Gross Rents		(ii) reisoliai	, ;;	Andrew Control			
c	Rental inc or (loss)			١	** >	Comment of		San Barrier
d 7a	Net rental income or (loss) . Gross amount from (i) Securities sales of assets	6	(II) Other		\$ 1			interior de la constitución de l
b	ther than inventory Less cost or other basis & sales exps		 	's.				
C	Gain or (loss)			*~	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Profession Commission (1) Control of the Commission (1)		
1	Net gain or (loss)		•			**************************************	3	
8a	Gross income from fundraising eve (not including \$ 14,	458		÷.				(114 - 25) \$2 3
	of contributions reported on line 1c) See Part IV, line 18 Less direct expenses	a	2,409 4,470		र्ग स्थ्री	*		1
	Net income or (loss) from fund			\- <u>-</u> -	-2,061	-2,061		/ <u>- '' ''</u>
9a	Gross income from gaming activities See Part IV, line 19	s a	allio .			-2,001		, , , , ,
С	Less: direct expenses Net income or (loss) from gam	b ing activiti	es Þ					,
	Gross sales of inventory, less returns and allowances Less cost of goods sold	a b				•	,	
_ <u>c</u>	Net income or (loss) from sale	s of invent						
-	Miscellaneous Revenue		Busn. Code	ļ	*		,	, '
11a								
b			-	\vdash				
d	All other revenue			 				
_	Total. Add lines 11a-11d			 				<u> </u>
12	Total Revenue. See instruction	ns	•		99,584	-1,832	0	5,83

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	All other organizations must	T	,	lete columns (B), (C), and	
	o not include amounts reported on lines 6b, o, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1			Схропооз	goneral expenses	exhauses
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	3,658	3,658		***
3	Grants and other assistance to governments,			. 46	* · · · · · · · · · · · · · · · · · ·
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			٠٠٠	
5	Compensation of current officers, directors,				
	trustees, and key employees	39,100	31,280	3,910	3,910
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	7,210	5,768	721	721
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	4,626	3,700	463	463
11	Fees for services (non-employees).				
а	Management				
þ	Legal				
C	Accounting	1,648	1,483	165	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17		· · · · · · ·		
f	Investment management fees				
g	Other				
12	Advertising and promotion	644			644
13 .	Office expenses	1,909	1,527	191	191
14	Information technology				
15	Royalties				
16	Occupancy	4,394	3,516	439	439
17	Travel	1,325	1,059	133	133
18	Payments of travel or entertainment expenses				,
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,873		3,032	3,841
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,825	1,459	183	183
		` <u> </u>		يالها المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع	7.
24	Other expenses Itemize expenses not	, , , , , , ,	a spaintings		
	covered above (Expenses grouped together	*		٠٠ , ,	
	and labeled miscellaneous may not exceed	•	_	» «	
	5% of total expenses shown on line 25 below)	5 46 -	· · · · · · · · · · · · · · · · · · ·		, <u>, , , , , , , , , , , , , , , , , , </u>
a	Outside services	7,131	5,705	713	713
b	Postage and delivery	2,141	1,713	214	214
C	Printing and reproduction	2,022	1,618	202	202
d	Training	1,242	994	124	124
e	Bank and credit card fees	111	89	11	11
f	All other expenses	05 050	- 62 563	4.0	
25	Total functional expenses. Add lines 1 through 24f	85,859	63,569	10,501	11,789
26	Joint costs. Check here ▶ if following SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs	į	1		
	from a combined educational campaign and				
DAA	fundraising solicitation				Form 990 (2000)

	,		(A) Beginning of year	(B) End of year
1	Cash—non-interest bearing		52,191 1	26,712
2	Savings and temporary cash investments		2	52,612
3	Pledges and grants receivable, net		3	32,012
4	Accounts receivable, net		3	
5	Receivables from current and former officers, director	e truetone kov		
"	employees, and highest compensated employees. Co	•	· · · · · · · · · · · · · · · · · · ·	
	Schedule L	implete Fart II UI		
6	Receivables from other disqualified persons (as define	ad under coetion	5	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
"	4958(f)(1)) and persons described in section 4958(c)(3		() () () () () () () () () ()	The second of the second
	Part II of Schedule L			
\$ 7	Notes and loans receivable, net		6	<u> </u>
<u>ہ</u> ا م	Inventories for sale or use		7	
8 ¥8			8	
9	Prepaid expenses and deferred charges	1 1	9	E LEAD TO BE MOTHER
10	a Land, buildings, and equipment: cost or			
١.	other basis Complete Part VI of Schedule D	10a	77.0	
		10b	100	
11	Investments—publicly traded securities		11	
12	Investments—other securities. See Part IV, line 11		12	· · · · · · · · · · · · · · · · · · ·
13	Investments—program-related. See Part IV, line 11		13	<u> </u>
14	Intangible assets		14	<u> </u>
15	Other assets See Part IV, line 11	•	2,579 15	
16	Total assets. Add lines 1 through 15 (must equal line	34)	54,770 16	79,324
17	Accounts payable and accrued expenses		3,969 17	2,298
18	Grants payable		18	<u> </u>
19	Deferred revenue			
20	Tax-exempt bond liabilities		20	
Labilities 51 22 22 22 22 22 22 22 22 22 22 22 22 22	Escrow or custodial account liability Complete Part IV		21	
= 22	,		一种人们的特别的	E-Watter A
<u>a</u>	employees, highest compensated employees, and dis	qualified	Marie Anna Marie M	A Maria Maria Maria
_	persons Complete Part II of Schedule L			<u> </u>
23	Secured mortgages and notes payable to unrelated th		23	<u> </u>
24	Unsecured notes and loans payable to unrelated third	parties	24	
25	Other liabilities Complete Part X of Schedule D		25	12,500
26	Total liabilities. Add lines 17 through 25	•••	3,969 26	14,798
ĕ	Organizations that follow SFAS 117, check here ▶	X and		
Ĕ	complete lines 27 through 29, and lines 33 and 34.			
g 27	Unrestricted net assets		50,801 27	28,531
28	Temporarily restricted net assets		28	35,995
29	Permanently restricted net assets		29	
I	Organizations that do not follow SFAS 117, check h	ere ▶ 📗	· · · · · · · · · · · · · · · · · · ·	
ō	and complete lines 30 through 34.			
ည် 30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipme		31	
₹ 32	Retained earnings, endowment, accumulated income,	or other funds	32	
Net Assets of Fund Balances	Total net assets or fund balances		50,801 33	64,526
= 34	Total liabilities and net assets/fund balances		54,770 34	79,324

Form **990** (2009)

Form	1 990 (2009) Peace Action Fund of New York 01-0885806		Pa	ge 1 <u>2</u>
Pa	art XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other	[·]	,	*
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	,		المناسعة .
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	Ĺ
b	Were the organization's financial statements audited by an independent accountant?	2b		X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	L
	If the organization changed either its oversight process or selection process during the tax year, explain in	,78	•	1
	Schedule O	3	24.3	
đ	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		ا اخواند د	
	issued on a consolidated basis, separate basis, or both			300
	X Separate basis Consolidated basis Both consolidated and separate basis	15 15 15 15 15 15 15 15 15 15 15 15 15 1	3,	1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		Form	990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Peace Action Fund of New York Name of the organization Employer identification number State, Inc. 01-0885806 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type II c Type III-Functionally integrated Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ir) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) (i) Name of supported (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of the organization in organization in col (described on lines 1-9) in col (i) listed in your organization support col (i) of your (i) organized in the above or IRC section governing document? support? US? (see instructions)) No Yes Yes Yes Nο Nο Total

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Sche	dule A (Form 990 or 990-EZ) 2009 Pea	ce Action	Fund of	New York	01	-0885806	Page 2
Pa	art II Support Schedule for O	rganizations [Described in S	ections 170(b))(1)(A)(iv) and	170(b)(1)(A)(vi)	
	(Complete only if you che	ecked the box	on line 5, 7, or	r 8 of Part I.)			
_	tion A. Public Support						
Ca	endar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
•	membership fees received (Do not						
	include any "unusual grants ")			6,750	123,678	95,580	226,008
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3			6,750	123,678	95,580	226,008
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount	in the second		10 mm			
	shown on line 11, column (f)	ル * 4 く · 4 2 後	1 ₁₂ 6 7 71	7 12 Mar 14	5·14 (計) 和6.		101,452
6	Public support. Subtract line 5 from line 4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	66. St. 3. S	· · · · · · · · · · · · · · · · · · ·	as to this man	的新的 (本)	124,556
	tion B. Total Support endar year (or fiscal year beginning in) ▶	(-) 2005	4 > 0000	(-) 0007	(1) 0000	() 2000	(0 T.)
	Amounts from line 4	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 8	Gross income from interest, dividends,			6,750	123,678	95,580	226,008
0	payments received on securities loans, rents, royalties and income from similar sources				884	229	1,113
9	Net income from unrelated business activities, whether or not the business is regularly carried on				-	0	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	:			4,391	5,836	10,227
11	Total support. Add lines 7 through 10		The first for the	File of Bart	かっか ちゅう	THE PARTY OF	237,348
12	Gross receipts from related activities, etc	(see instructions)		· · · · · · · · · · · · · · · · · · ·		. 12	7,811
13	First five years. If the Form 990 is for the	organization's first	t, second, third, for	urth, or fifth tax yea	ar as a section 501		<u> </u>
	organization, check this box and stop her	e		•			>
Sec	tion C. Computation of Public Su	upport Percen	tage				
14	Public support percentage for 2009 (line 6	, column (f) divide	d by line 11, colum	ın (f))		14	52.48%
15	Public support percentage from 2008 Sch	edule A, Part II, lin	e 14			15	38.80%
16a	33 1/3 % support test—2009. If the organ	ization did not che	ck the box on line	13, and line 14 is 3	33 1/3 % or more,	check this box	
	and stop here. The organization qualifies	as a publicly supp	orted organization				▶ [X]
b	33 1/3 % support test—2008. If the organ	ization did not che	ck a box on line 13	3 or 16a, and line 1	15 is 33 1/3 % or m	ore, check this	
	box and stop here. The organization quali	fies as a publicly s	upported organiza	tion			▶ 📋
17a	10%-facts-and-circumstances test—200	9. If the organization	on did not check a	box on line 13, 16	a, or 16b, and line	14 is 10% or	
	more, and if the organization meets the "fa				· ·		
	organization meets the "facts-and-circums		•	• •	• •		▶ ∐
b	10%-facts-and-circumstances test—200	-					
	more, and if the organization meets the "fa			•	•		. —
	organization meets the "facts-and-circums		-	, ,	• •		▶
18	Private foundation. If the organization did	not check a box o	on line 13, 16a, 16l	o, 17a, or 17b, che	ck this box and se	e instructions	▶ ∐

Schedule A (Form 990 or 990-EZ) 2009

14	,	Г
	organization, check this box and stop here	 Ļ

Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage for 2009 School de A. Red III leas 45									
Se	Section C. Computation of Public Support Percentage								
15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%						
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	%						
~-	ation D. Commutation of Investment Income Descentage								

Sec	ction D. Computation of Investment Income Percentage		
17	Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	94
18	Investment income percentage from 2008 Schedule A, Part III, line 17	18	96

18	Investment income percentage from 2008 Schedule A, Part III, line 17	18	_ %
19a	33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line		_
	17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization		▶ [

33 1/3 % support tests—2008.	If the organization did not check	a box on line 14 or line 1	9a, and line 16 is more than 3	3 1/3 %, and
line 18 is not more than 33 1/3 9	%, check this box and stop here.	. The organization qualifie	es as a publicly supported orga	anization
Private foundation. If the organ	nization did not check a box on lir	ne 14, 19a, or 19b, check	this box and see instructions	

Page 4

Schedule A (Form 990 or 990-EZ) 2009 Peace Action Fund of New York 01-0885806

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Part II, Line 10 - Other Income Detail

Program Revenue

4,391

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service .

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

	e of the organization		Employer identification number
_	eace Action Fund of New York		01-0885806
	tate, Inc. utl Organizations Maintaining Donor Advised Fu	undo or Other Similar Funda or A	
	the organization answered "Yes" to Form 990,	Part IV. line 6.	Accounts. Complete II
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		(2)
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing the	at the assets held in donor advised	
_	funds are the organization's property, subject to the organization's exc		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	_	
	used only for charitable purposes and not for the benefit of the donor		
	purpose conferring impermissible private benefit?		Yes No
Pa	conservation Easements. Complete if the org	anization answered "Yes" to Forr	
1	Purpose(s) of conservation easements held by the organization (chec	k all that apply)	
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically imp	portant land area
	Protection of natural habitat	Preservation of certified historic s	structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified consi	ervation contribution in the form of a conse	rvation
	easement on the last day of the tax year		F
			Held at the End of the Tax Year
a	Total number of conservation easements		2a
þ	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic structure inc	• •	2c
d			2d
3	Number of conservation easements modified, transferred, released, e	xtinguished, or terminated by the organizat	tion during
	the taxable year	In control N	
4	Number of states where property subject to conservation easement is		
5	Does the organization have a written policy regarding the periodic mor	nitoring, inspection, nandling of	
•	violations, and enforcement of the conservation easements it holds?	round consoniation accompanie divine the wa	∐ Yes ∐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enfor	cing conservation easements during the ye	eai
7	Amount of expenses incurred in monitoring, inspecting, and enforcing	conservation easements during the year	
•	▶ \$	sonosivation casoments daring the year	
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section	
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?	·	Yes No
9	In Part XIV, describe how the organization reports conservation easen	nents in its revenue and expense statemen	nt, and
	balance sheet, and include, if applicable, the text of the footnote to the		
	the organization's accounting for conservation easements		
P	rt III Organizations Maintaining Collections of Art		Similar Assets.
	Complete if the organization answered "Yes" to	 	
1a	If the organization elected, as permitted under SFAS 116, not to repor		
	art, historical treasures, or other similar assets held for public exhibition		public service,
	provide, in Part XIV, the text of the footnote to its financial statements If the organization elected, as permitted under SFAS 116, to report in		cortes of out
U	historical treasures, or other similar assets held for public exhibition, e		
	provide the following amounts relating to these items	ducation, or research in furtherance of publi	iic service,
	(i) Revenues included in Form 990, Part VIII, line 1		▶ ¢
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, o	r other similar assets for financial dain, pro-	vide the
-	following amounts required to be reported under SFAS 116 relating to		vide tile
а	Revenues included in Form 990, Part VIII, line 1	mode norms	▶ \$
	Assets included in Form 990, Part X		• •
	Privacy Act and Panerwork Reduction Act Notice, see the Instruction		Cabadula D (Farm 000) 2000

Sche		ion rund of			<u> </u>	Page 2
_Pa	art III Organizations Maintaining	Collections of Art	, Historical Trea	sures, or Other	Similar Asse	ts (continued)
3	Using the organization's acquisition, accession collection items (check all that apply):	n, and other records, ch	eck any of the follow	ing that are a signific	cant use of its	
а	Public exhibition	d Loar	or exchange progra	ms		
b	Scholarly research	e Othe	- · · · -			
С	Preservation for future generations			- -		
4	Provide a description of the organization's coll Part XIV	ections and explain hov	v they further the orga	anızatıon's exempt p	urpose in	
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	receive donations of art be maintained as part of	, historical treasures,	or other similar		Yes No
Pa	rt IV Escrow and Custodial Arra				"Yes" to Form	
	IV, line 9, or reported an am				, , , , , , , , , , , , , , , , , , , ,	
1a	Is the organization an agent, trustee, custodial			her assets not		·
	included on Form 990, Part X?	,				Yes No
b	If "Yes," explain the arrangement in Part XIV a	and complete the follow	ng table		•	
_			ng table.			Amount
c	Beginning balance				1c	7 1110 4111
٠ م	Additions during the year				1d	· · · · · · · · · · · · · · · · · · ·
u	Distributions during the year					
	Ending balance				1e	
20	_	000 Dank V Ivaa 040				
	Did the organization include an amount on For	m 990, Part X, line 217				☐ Yes ☐ No
	If "Yes," explain the arrangement in Part XIV If "Yes," explain the arrangement in Part XIV Endowment Funds. Complete	ato if organization	oppured "Vee"	to Form 000 De		
(, Fa	ert V. Endowment Funds. Comple					
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years ba	ck (e) Four years back
1a	Beginning of year balance	·		<u> </u>		
D	Contributions			- ないない	2 44 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
С	Net investment earnings, gains,			人。据籍的		6 324 425 48 29
	and losses			· "你就是		
	Grants or scholarships			Line in the to	PRESENT S	Si All of the control
е	Other expenditures for facilities					
	and programs			一种性質的數一學或者	Mar Tolking soft soft	第一条,我是一个一个
f	Administrative expenses			1. 111 19 2		for the second of the second
g	End of year balance .			\$7.50 Jen.	\$1.49J171	21 号、图 2
2	Provide the estimated percentage of the year e	end balance held as				
а	Board designated or quasi-endowment ▶	%				
þ	Permanent endowment ▶ %					
C	Term endowment ▶ %					
3a	Are there endowment funds not in the possess	sion of the organization	that are held and adn	ninistered for the		
	organization by					Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
b	If "Yes" to 3a(II), are the related organizations I	isted as required on Sc	hedule R?			3b
4	Describe in Part XIV the intended uses of the d	organization's endowme	ent funds			·
Pa	rt VI Investments—Land, Buildir			0, Part X, line 1	0.	
	Description of investment	(a) Cost or other basis	(b) Cost or ot		cumulated	(d) Book value
		(investment)	basis (other) depr	eciation	
1a	Land			1 ,	3 . 1	
	Buildings	, , , , , , , , , , , , , , , , , , , ,				
	Leasehold improvements					
	Equipment			· ·		
	Other		—	-		
	. Add lines 1a through 1e (Column (d) must equ	ual Form 990. Part X o	olumn (B), line 10(c)	<u> </u>	<u> </u>	
				<u> </u>		

Part VII Investments—Other Securities. See Form 99	New York	01-0885806	Page 3
			
(a) Description of security or category	(b) Book value	(c) Method of va	
, (including name of security)		Cost or end-of-year r	narket value
Financial derivatives			
Closely-held equity interests			
Other			
	• -		
			
	·		. <u> </u>
	•		
	•		
			
	·		
			·
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12)			
Part VIII Investments—Program Related. See Form 9			
(a) Description of investment type	(b) Book value	(c) Method of va	
		Cost or end-of-year r	narket value
			· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·
			
			
		 	
Total (Column (b) must equal Form 000, Dest V, set (D) line 40.)	 	1 12	War Service Company
rotal, Column to musi edual form 990 Pari X COL (B) line 13)	·	A 1786 S. S. SANS	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line 15.	<u> </u>	a to the same as the	25 6 25 72 1 1
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description	·	A CONTRACTOR OF THE CONTRACTOR	(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15.		to the state of th	***************************************
Part IX Other Assets. See Form 990, Part X, line 15.		by the state of th	***************************************
Part IX Other Assets. See Form 990, Part X, line 15.		to the state of th	***************************************
Part IX Other Assets. See Form 990, Part X, line 15.			***************************************
Part IX Other Assets. See Form 990, Part X, line 15.			***************************************
Part IX Other Assets. See Form 990, Part X, line 15.			***************************************
Part IX Other Assets. See Form 990, Part X, line 15.			***************************************
Part IX Other Assets. See Form 990, Part X, line 15.			***************************************
Part IX Other Assets. See Form 990, Part X, line 15.			***************************************
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description			***************************************
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (Column (b) must equal Form 990, Part X, col (B) line 15)			***************************************
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 2	25.		***************************************
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (Column (b) must equal Form 990, Part X, col (B) line 15)			***************************************
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 2 1. (a) Description of liability Federal income taxes	25. (b) Amount		***************************************
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 2 1. (a) Description of liability	25.		***************************************
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 2 1. (a) Description of liability Federal income taxes	25. (b) Amount		***************************************
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 2 1. (a) Description of liability Federal income taxes	25. (b) Amount		***************************************
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 2 1. (a) Description of liability Federal income taxes	25. (b) Amount		***************************************
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 2 1. (a) Description of liability Federal income taxes	25. (b) Amount		***************************************
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 2 1. (a) Description of liability Federal income taxes	25. (b) Amount		***************************************
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 2 1. (a) Description of liability Federal income taxes	25. (b) Amount		***************************************
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 2 1. (a) Description of liability Federal income taxes	25. (b) Amount		***************************************
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 2 1. (a) Description of liability Federal income taxes	25. (b) Amount		***************************************
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 2 1. (a) Description of liability Federal income taxes	25. (b) Amount 12,500		***************************************

organization's liability for uncertain tax positions under FIN 48

Schedule D (Form 990) 2009

	dule D (Form 990) 2009 Peace Action Fund of New		-0885806	Page 4
	Reconciliation of Change in Net Assets from Form	390 to Audited Finan	icial Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	•	1 1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	·
7	Prior period adjustments		7	
8	Other (Describe in Part XIV.)		8	
9	Total adjustments (net). Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines		10	
	Reconciliation of Revenue per Audited Financial St	atements With Reve	nue per Return	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1		
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
е	Add lines 2a through 2d		. <u>2e</u>	
3	Subtract line 2e from line 1	ſı	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a.	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	_4b		
C	Add lines 4a and 4b		4c	
5 D*	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	letereente Mith Francisco	5	
	Reconciliation of Expenses per Audited Financial S	tatements with Expe	enses per Keturn	
1	Total expenses and losses per audited financial statements		1 (500,000)	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	ا ما		
a	Prior year adjustments	2a		
b C	Other losses	2b		
d	Other (Describe in Part XIV.)	2c 2d		
e	Add lines 2a through 2d	20	20	
3	Subtract line 2e from line 1		2e 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	ſI		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIV.)	4b		
Č	Add lines 4a and 4b	40	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
	rt XIV Supplemental Information	/	····	
Compand 2	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part V, line 4; Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part art to provide any additional information			
				
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Sche	dule	D (F	orm	990)	200	9	P	<u>ea</u>	ce	<u>A</u>	ct	<u>io</u>	n	Fu	nd	0	f	Ne	W	Yo	rk	<u> </u>			0	<u>1-0</u>	88	<u>58</u>	<u>06</u>				_		Page 5
Sche Pa	rt X	V/	Sı	ıpp	len	nen	tal	Inf	orn	nati	ion	(cc	ntir	nue	<u>d)</u>																				
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SCHEDULE G (Form 990 or 990-EZ) Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047
2009

Department of the Treasury Internal Revenue Service .

Name of the organization

Total

Peace Action Fund of New York

Employer identification number

State, Inc. 01-0885806 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did fund-(i) Name of individual (ii) Activity (iv) Gross receipts (v) Amount paid to (vi) Amount paid to raiser have or entity (fundraiser) from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions' Yes No

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

→ DAA

		G (Form 990 or 990-EZ)			n Fund of New		01-08	
, <u>P</u>	art l		•		anization answered "			
	Γ	more than \$15		-∟∠, line T	6a. List events with			5,000.
		•	(a) Event #1		(b) Event #2	(c) Oti	ner events	(d) Total events
		•	William Slo	222 C		None		(add col (a) through
			(event type)	Jan C	(event type)		number)	col (c))
e			(event type)		(event type)	(total	number)	
Revenue	١.	Gross receipts	1	6,867				16 967
Be		•		0,807			_	16,867
	2	Less Charitable	1	4,458				14,458
	١,	contributions Gross revenue (line 1	<u> </u>	7,730		·····		12,200
	3	minus line 2)		2,409				2,409
	_	Thirtus line 2/		27.05				
	4	Cash prizes						
	`	P. A. C.						
	5	Noncash prizes		ł				
		·						
es	6	Rent/facility costs		:				
Direct Expenses								<u> </u>
Ä	7	Food and beverages	<u>. </u>					
ect G				į				
ă	8	Entertainment						
			!	4 450				4 450
	9	Other direct expenses		4,470		_		4,470
				. ,				4 470
	10	Direct expense summar	-					4,470) -2,061
	11 art	Net income summary C			swered "Yes" to Forn	n 000 Part IV li	no 10 or ron	orted more
Cale	CU, L		on Form 990-EZ, li		Weled les to foll	11 330, Fait IV, II	ne 13, or tep	orted more
_		######################################		110 ou.	(b) Pull tabs/instant			(d) Total gaming (Add
nue			(a) Bingo		bingo/progressive bingo	(c) Oth	er gaming	col (a) through col (c))
Revenue					·			
Œ	1	Gross revenue						
S	2	Cash prizes						
sesues								
ă	3	Noncash prizes						
Direct Exp							ľ	
Ş	4	Rent/facility costs						
	5	Other direct expenses						, , , , , , , , , , , , , , , , , , ,
		Mal attaches	Yes	%	Yes	% Yes	%	下海海 被点 為豐
	6	Volunteer labor	No		No	No		
	,	Direct expense summar	Add lines 2 through F	ın column (d)			,
	7	Direct expense summar	y Add lines 2 through 5	in column (u)			
	8	Net gaming income sum	mary Combine line 1, o	olumn d. ar	nd line 7		▶	
			<u> </u>		<u> </u>			Yes No
9	En	iter the state(s) in which th	ne organization operates	gaming act	tivities			
а		the organization licensed	•					9a
b	lf "	'No," Explain						1. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
								# A
								ان قا ان قا
10a	W	ere any of the organization	n's gaming licenses revo	ked, suspe	nded or terminated during	the tax year?		10a
þ	lf "	'Yes," Explain						
								<u>, , , , , , , , , , , , , , , , , , , </u>
11		es the organization opera						11
12			<u>-</u>	f a trust or a	a member of a partnership	or other entity		
		med to administer charita	ble gaming?		- 77		Oakada o G	12
DAA	i						Schedule G (Fo	orm 990 or 990-EZ) 2009

Sche	edule G (Form 990 or 990-EZ) 2009 Peace Action Fund of New York	01-088580	6	Р	age 3
				Yes	No
13	Indicate the percentage of gaming activity operated in		ŧ		·
а	The organization's facility	13a %	1		
b	An outside facility	13b %]		
14	Provide the name and address of the person who prepares the organization's gaming/special events books				
	and records		,		1. 1
				· _	· .
	Name ►		.		
			*; *;		13
	Address ►		۰, ب		,
			63	٠.	. <u></u> .
15a	Does the organization have a contract with a third party from whom the organization receives gaming		<u>,</u>		- 1
	revenue?		15a		L
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the	-		
	amount of gaming revenue retained by the third party ▶ \$		ĝ,	, -	1,25
С	If "Yes," enter name and address of the third party.		il,	, , ,	1 s
			, · · ·	- 14. - 13.	4
	Name ▶		1	* '*,	7 2
			المهواري ع	(1)	33
	Address ►		*******	(. ')	MA
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16	Gaming manager information.		A. 8. 1.	, ,	35
				y 🎓	1
	Name ▶		家人		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			增加	\$ 10°	· 35 15
	Gaming manager compensation ▶ \$		1.0	1	
				2 3	
	Description of services provided ▶		34		
			1 A 1 5		
	Director/officer Employee Independent contractor		, 城土	樂河	(May)
			1	1 . Y	4.19
17	Mandatory distributions:		- 4	τ . x	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		7.3	ž , , ,	激
	retain the state gaming license?		17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	で発
	in the organization's own exempt activities during the tax year ▶ \$		i d	45 17	- 182

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE O

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Name of the organization Peace Action Fund of New York State, Inc.

Employer identification number 01-0885806

OMB No 1545-0047

Form 990 - Organization's Mission or Most Significant Activities
Inform the public regarding world peace based on a
commitment to abolishing nuclear weapons and to finding
alternatives to war and military conflict as a means of
resolving disputes and to promote security through
international cooperation and the promotion of human rights
and to articualte a broader concept for global security.

Form 990, Part III, Line 4d - All Other Achievements
Inform the public regarding world peace based on a
commitment to abolishing nuclear weapons and to finding
alternatives to war and military conflict as a means of
resolving disputes and to promote security through
international cooperation and the promotion of human
rights and to articulate a broader concept for
global security.

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 The Form 990 is reviewed by certain board members before filing.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy Annual statement required by board members.

Form 990, Part VI, Line 15a - Compensation Process for Top Official Compensation is approved by the Organization's board members.

Name of the organization
Peace Action Fund of New York

Employer identification number 01-0885806

Form 990, Part VI, Line 15b - Compensation Process for Officers Compensation is approved by the Organizations's board members.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
The Organization's Form 990 is available based upon written request to the Organization.

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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ See separate instructions.

OMB No 1545-0047

Openato Rublic 2009

▶ Attach to Form 990.

Peace Action Fund of New York State, Inc. Name of the organization Department of the Treasury Internal Revenue Service

Employer identification number 01-0885806 (f) Direct controlling (e) End-of-year assets Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (d) Total income (c) Legal domicile (state (b) Primary activity (a)
Name, address, and EIN of disregarded entity Part

Maine, address, and Env of distregatore entry	Primary activity	Legal domicile (state or foreign country)	l otal income	End-of-year assets	Direct controlling entity
Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	omplete if the orgar the tax year.)	nzation answered	"Yes" to Form 990,	Part IV, line 34 bed	cause it
(a) Name, address, and EiN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
Peace Action of New York State, In PO Box 600					
New York NY 10116	Social	NY	501c4		N/A
	Welfare				W/W
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	90.			Sched	Schedule R (Form 990) 2009

Page 2	General or managing partner?	\dashv	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ine 34	Code V—UBI amount in box 20 of Schedulg K-1 (Form 1065)	Part IV,	ar assets Ownership Percentage Ownership Schedule R (Form 990) 2009
Part IV, I		orm 990,	Share of end-of-year assets Schedule
n 990,	Organo portuonate alloc ?	S" to F	Sh Sh
ered "Yes" to Form 990, Part IV, line	Share of end-of-year assets	on answered "Ye	Share of total income
Schedule R (Form 990) 2009 Peace Action Fund of New York 01-0885806 Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered because it had one or more related organizations treated as a partnership during the tax year.)	Share of total income	if the organizati	Type of entity (C corp. S corp. or trust)
	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Trust (Complete	Direct controlling entity
	Direct controlling entity	orporation or treated as a	Legal domicile (state or foreign country)
	(c) Legal domicile (state or foreign country)	as a Co	
	(b) Primary activity	ons Taxable	(b) Primary activity
	(a) Name, address, and EIN of related organization		Name, address, and EiN of related organization
Schedul Part		Part IV	DAA

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Page 3

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Schedule R (Form 990) 2009 Peace Action Fund of New York

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Schedule R (Form 990) 2009 Yes Amount involved × Ę Ĺ 9 7 7 <u>ء</u> 19 £ 무 9 4 19 = Ü = Transactions With Related Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.) 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds Transaction type (a-r) During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Performance of services or membership or fundraising solicitations for other organization(s) Performance of services or membership or fundraising solicitations by other organization(s) Name of other organization Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule Lease of facilities, equipment, or other assets from other organization(s) Lease of facilities, equipment, or other assets to other organization(s) m Sharing of facilities, equipment, mailing lists, or other assets Other transfer of cash or property from other organization(s) Gift, grant, or capital contribution from other organization(s) q Other transfer of cash or property to other organization(s) Gift, grant, or capital contribution to other organization(s) Reimbursement paid by other organization for expenses Reimbursement paid to other organization for expenses d Loans or loan guarantees to or for other organization(s) e Loans or loan guarantees by other organization(s) Purchase of assets from other organization(s) Sale of assets to other organization(s) Sharing of paid employees h Exchange of assets Part V 0 9 Ξ 8 ල 3 3

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Schedule R (Form 990) 2009 Peace Action Fund of New York

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Page 4

Part VI. Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

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3	General or	managing partner?	L	4								_	 90) 20
	Ö	E 0		Yes	 					 			 # W 16
, (D)	Code V—UBI	amount in box 20 of Schedule K-1	(Form 1065)										Schedule R (Form 990) 2009
6	onate	182	T	2	 								1
	Disproportionate	allocation	⊢	Yes		 			<u> </u>				 $\frac{1}{2}$
(e)		end-of-year assets	_ 1	>									-
	Are all partners section 501(c)(3)	ons	ž			-			 		<u> </u>	1	
9		section 501(c)(organizati	Yes						 			1
			1	7	 								 -
(3)	Legal domicile	(state or foreig country)											
(q)	Primary activity												
(a) (b) (c)	Name, address, and EIN of entity												

Form 8868 (Rev 4-2009)			Page 2				
 If you are 	e filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box			▶ X				
Note. Only o	omplete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 88	68						
 If you are 	e filing for an Automatic 3-Month Extension, complete only Part I (on page 1)							
Part II	, Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no	copies	s needed).					
Type or		Employ	er identification	number				
print	Peace Action Fund of New York							
File by the	State, Inc.	<u>01-0</u>	885806					
extended	Number, street, and room or suite no. If a P.O. box, see instructions	For IRS	use only					
due date for filing the	PO Box 600, JAF Station							
return See	City, town or post office, state, and ZIP code. For a foreign address, see instructions							
instructions	New York NY 10116							
	of return to be filed (File a separate application for each return)		_					
X Form 9	90		Form	6069				
Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 4720								
Form 9	90-EZ Form 990-T (trust other than above) Form 5227							
STOP! Do n	ot complete Part II if you were not already granted an automatic 3-month extension on a previously file	form	8868.					
The bool	s are in the care of ▶ Organization							
Telephor	e No ▶ FAX No. ▶			_				
If the org	anization does not have an office or place of business in the United States, check this box			▶ 📙				
If this is f	or a Group Return, enter the organization's four digit Group Exemption Number (GEN)	IS						
for the whole	group, check this box ► ☐ If it is for part of the group, check this box ► ☐ an	d attach	а					
list with the n	ames and EINs of all members the extension is for.							
4 I reque	st an additional 3-month extension of time until 11/15/10.							
5 For ca	endar year 2009, or other tax year beginning , and ending .							
6 If this t	ax year is for less than 12 months, check reason U Initial return Final return Change in	account	ing period					
	detail why you need the extension							
	itional time is requested to gather information to pr	epar	e a comp	lete				
and	accurate return.							
	pplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,							
	y nonrefundable credits. See instructions	8a	\$					
	pplication is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and	1 1						
	ed tax payments made. Include any prior year overpayment allowed as a credit and any	1	_					
	paid previously with Form 8868	8b	\$					
	e Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit		•					
with F_I	D coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$					
	Signature and Verification							
Under penalties it is true, correct	of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my kit, and complete, and that I am authorized to prepare this form	nowledge	and belief,					
	XX. FAITH (VIII)		ρ . Δ	8/09/10				
Signature •	Title Title			(Rev 4-2009)				
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